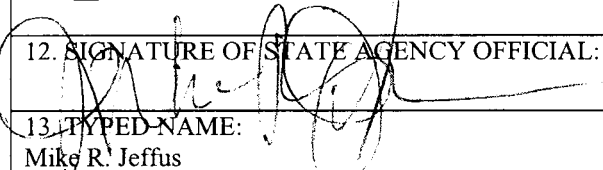



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <div style="text-align: center;">2005-002</div>	2. STATE <div style="text-align: center;">ARKANSAS</div>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 1, 2005	
5. TYPE OF PLAN MATERIAL (Check One): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 Code of Federal Regulations, Part 430		7. FEDERAL BUDGET IMPACT: a. FFY 2005 \$ -0- b. FFY 2006 \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Please See Attached Listing		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Please See Attached Listing	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to make minor corrections to be consistent with current policy.			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div><input type="checkbox"/> OTHER, AS SPECIFIED:</div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: Carolyn Patrick	
13. TYPED NAME: Mike R. Jeffus			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: February 25, 2005			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">2 MARCH 2005</div>		18. DATE APPROVED: <div style="text-align: center;">5 APRIL 2005</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 MARCH 2005</div>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <div style="text-align: center;">ANDREW A. FREDRICKSON</div>		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
March 1, 2005

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
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The following groups are covered under this plan.

Division of County Operations (DCO)	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u>
42 CFR 435.110	1. Recipients of AFDC

The approved State AFDC plan includes:

- ☒ Families with an unemployed parent for the mandatory 6-month period and an optional extension of 0 months.
- ☐ Pregnant women with no other eligible children.
- ☐ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

DCO 42 CFR 435.115	2. Deemed Recipients of AFDC
	a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage.

TN No. <u>05-02</u> Supersedes TN No. <u>91-56</u>	Approval Date <u>4-5-05</u>	Effective Date <u>3-1-05</u>
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HCFA ID: 7983E

STATE <u>Arkansas</u>	A
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Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

N/A

2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I)
of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

DCO

402(a)(22)(A)
of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

DCO

406(h) and
1902(a)(10)(A)
(i)(I) of the Act

d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of
the Act
Division of Children
and Family Services
(DCFS)

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

TN No. 65-02
Supersedes
TN No. 93-07

Approval Date 4-5-05

Effective Date 3-1-05

HCFA ID: 7983E

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93-07

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
March 1, 2005
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ATTACHMENT 2.2-A
Page 2a
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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

DCO
407(b), 1902
(a)(10)(A)(i)
and 1905(m)(1)
of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

☐ Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

DCO
1902(a)(52)
and 1925 of
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

TN No. 05-02 Approval Date 03-05-05 Effective Date 3-1-05
Supersedes
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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

DCO
42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
- a. Families denied AFDC solely because of income and resources deemed to be available from--
 - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

TN No. 05-02 Approval Date 4-5-05 Effective Date 3-1-05
Supersedes
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91-56

State: Arkansas

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

DCO 42 CFR 435.114

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

___ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

___ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

___ Not applicable with respect to intermediate care facilities; State did or does not cover this service.

DCO 1902(a)(10)
(A)(i)(III)
and 1905(n) of
the Act

7. Qualified Pregnant Women and Children.

- a. A pregnant woman whose pregnancy has been medically verified who--

- (1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

TN # 05-02
Supersedes TN # 92-04

Effective Date 3-1-05
Approval Date 4-5-05

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HCFA 179 <u>05-02</u>	

92-04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation(s)

Groups Covered

DCO

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents; or

(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

DCO

1902(a)(10)(A)
(i)(III) and
1905(n) of the
Act

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date)
who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

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92-18

* Agency that determines eligibility for coverage.

TN No. 05-02
Supersedes
TN No. 92-18 Approval Date 04-05-05 Effective Date 3-1-05

MARCH
March 1, 2005

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

COVERAGE AND CONDITIONS OF ELIGIBILITY

*Agency** Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

10. *Reserved*

DCO 1902(e)(5)
of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

DCO 1902(e)(6)
of the Act

- b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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92-18

* Agency that determines eligibility for coverage.

TN No. 05-02

Supersedes

TN No. 92-18

Approval Date 4-5-05

Effective Date 3-1-05

Revision: HCFA-PM-92-1R (MB)
March 1992
March 1, 2005

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

DCO 1902(e)(4)
of the Act

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

SOCIAL 42 CFR 435.120
SECURITY
ADMINISTRATION
(SSA)

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged
X Blind
X Disabled

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92-18

* Agency that determines eligibility for coverage.

TN No. 05-02
Supersedes
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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- DCO 1634(c) of the Act
15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who--
- a. Are at least 18 years of age;
 - b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.
 - ☐ c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
 - ☐ d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
- DCO 42 CFR 435.122 16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
- SSA 42 CFR 435.130 17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

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STATE <u>Arkansas</u>	A
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Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- DCO 42 CFR 435.132 19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--
- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and
 - b. Remain institutionalized; and
 - c. Continue to need institutional care.
- DCO 42 CFR 435.133 20. Blind and disabled individuals who--
- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and
 - b. Were eligible for Medicaid in December 1973 as blind or disabled; and
 - c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

TN No. 05-02
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Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- DCO 42 CFR 435.134 21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
- ☐ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
- ☐ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
- ☐ Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

*Agency that determines eligibility for coverage.

TN No. 05-02 Approval Date 4-5-05 Effective Date 3-1-05
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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

DCO 42 CFR 435.135

22. Individuals who --

a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and

b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

☒ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

☐ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

☐ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. 05-02
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